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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M20827 1. Corporation Name

MMRS CONSULTING CORPORATION

FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90035 023 ***150.00



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Principal Plac	e of Business	Mailing Address			<u> </u>	Y ISBY BYBYI BIBYI BIBII BI	
C/O MARGARET R. SCHANK C/O MARGARET R. SCHANK			NK				
3850 WASHINGTON STREET. #1101 3850 WASHINGTON STR		-					
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE			
		,			3. Date Incorporated or Qualifed 09/19/1985		,
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			13-1872887		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		5 Additional Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current	· <u>-</u>	□No
24	25	29	30		Personal Property Tax.	☐ Yes	
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
SCH	IANK, MARGARET R.		L				
	WASHINGTON STREET		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
#11			8	3			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOL	LYWOOD FL 33021		-		1.15		\$ \$ 20 m
			ا	4 City		FL 85 Z	ip Code * ' ' '
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the abo	ve-named cor	poration submits this statement for the p	urpose of changing	its registered
	registered agent, or both, in the State	of Florida. Such change was a	uthorized b	y the corporat	tion's board of directors. I hereby accept	the appointment as	registered
office or r	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	onda Statuti	es.			
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	onda Statuti	es.		•	•
office or r agent. I a SIGNATURE	m familiar with, and accept the oblig				red when reinstating)	DATE .	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	Registered Ac	gent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
agent. I a	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable (NOTE	13.	pent signature requir			TORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #